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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 182262

(6)

CITY CAB COMPANY OF ORLANDO INC

| FILED |
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| Mar 12 1997 8:00am |
| Secretary of State |



| Principal Place of Business | | Mailing Address | | | 1 (1919) (1) | | | | |
|--|--|---|---|--|---------------------------------|--------------------------|---------------|-----------------------|--|
| 324 W. GORE ST ORLANDO FL 32806 US | | % Swann, Hadley & Alvarez, P.A. 1031 W. Morse Blvd Suite 270 Winter Park Fl. 32789-3750 | | | | | | | |
| | | บร | | | 3. Date Inco 12/20/19 | porated or Qualified | 1 | te of Last 05/1996 | • |
| 2. Principa (| Place of Business | 2a. Mailing Address | | | 4. FEI Numb | | | | Applied For |
| 21 | | 26 | | | 59-072 | 9149 | | | lot Applicable |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | 10.7 | | 5. Certificate | of Status Desired | | • | Additional Required |
| City & Sta | te | City & State | | | 6. Election C | ampaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund | Contribution | | | to Fees |
| Ζφ | Country | Zip | Countr | У | | oration has liability fo | or intangible | tax under | s. 199 032, |
| 24 | 25 | 29 | 30 | | Florida St | 2,0,00 | Yes [| | |
| | 9. Name and Address of Curre | | | | 10. Name an | d Address of New F | Hegistered / | ngent . | |
| | 'ann, hadley & Alvarez, P.A | | B1 | Name | | | | | |
| | 11 W. MORSE BLVD ITE 270 | | 82 | Street | Address (P.O. Box No | ımber is Not Accept | able) | | |
| | VITER PARK FL 32789 | | 83 | | | •••• | | | |
| | | | 84 | City | | | FL | 85 Zip | Code |
| SIGNATURE | | | | | | | | | |
| | Signature, typic d or printed harde of registered a | | | erulangia (neg | regulred when reinstating) | COLLANGES TO OF | DATE | DIDECTO | DC IN 12 |
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE

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2/25/90

(407) 422-4561

Daytime F*ron€ #